| PUBLIC DISCLOSURE COMMISSION | | | | THIS DATE OF PETER UP DC |
|--|-------------------------------------|--|----------------------------|--|
| 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2929 | LOBBYIST | REGISTRATION | L1 (12/14) | AUG 262016 |
| 1. Lobbyist Name | | | | |
| Bandi Abrams-Caras | | | D | |
| Perinanent Business Address | | | Business Telephone Numbers | |
| 1.10 | | | Permanent () | |
| 1 4649 Sunnuside ANE N = 540 | | Temporary () | | |
| City State Z _I p | | Cell Phone () or Pager | | |
| Seattle WA 98103 | | or Pager | | |
| Temporary Thurston County address during legislative session | | E-Mail Address | | |
| | | | | |
| Employer's name and address (person or group for which you lobby) | | | Employer's o | ccupation, business or description of |
| and a suppose of the modern and a suppose of the su | | | purpose of or | |
| 4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate | | | | Fer chancial polis |
| Name and address of person having custody of accounts lobbyist reports. (Person responsible for producing the least of the | | | E-Mail Addre | ss |
| | | | | |
| | Same add | eress | | |
| 5. What is your pay (compensation) for lobbying? \$ | | Description of employment (check one | or more boxes) | |
| (hour day month year) | | Full time employee Part time or temporary employee | | ☐ Sole duty is lobbying☐ Lobbying is only a part |
| Other Evoluin | | Contractor, retainer or similar agree | | of other duties |
| 6. Are you reimbursed for lobbying expenses? Explain which expenses. Does employer pay at | | | | ectly? |
| ☐ Yes: \$ per | | If yes, explain which ones. | | |
| ☐ Yes: I am reimbursed for expenses. ☐ No: I am not reimbursed for expenses. | | | • | · ' |
| 7. How long do you expect to lobby for this organization? | | | | |
| ☐ Permanent lobbyist ☐ Only during legislative session ☐ Other, Explain: → needed | | | | |
| 8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year. | | | | |
| No ☐ Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450. | | | | |
| Yes. The list is of parties attached | | | | |
| 9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee. | | | | |
| SEV No □ Yes. Name of the committee is: | | | | |
| 10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20- | | | | |
| 143 and 144 for instructions.) | | | | |
| | | | | |
| Areas of interest. Lobbying is most frequent before legislor state agencies concerned with following subjects: | slative committee members | Remarks: | | |
| | SUBJECT | | | |
| 01 Agriculture 09 U Business and consumer affairs 10 U | Health Care Higher education | | | |
| 03 Constitutions and elections 11 04 Education 12 | Human services Labor | | | |
| 05 Energy and utilities 13 06 Environmental affairs - natural 14 0 | Law and justice Local government | | | |
| resources - parks 15 🔲 | State government | | | |
| 07 Financial institutions and 16 insurance 17 | Technology Transportation | | | |
| 08 Fiscal 18 | Other - Specify: | | | |
| CERTIFICATION: I hereby certify that the above is a true, complete and correct statement. | | EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement. | | |
| 12. LOBBYIST'S SIGNATURE DATE | | EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE / DATE | | |
| 7/36/16 | | | | |
| Cond Ulyrano-Caras | 0/26/16 | Hmanda Hvglr, 1 | Haminis | ALID UNLESS SIGNED BY BOTH |
| PDC Form (-1 (rev. 12/14) | i 1 | 5 | NUI VA | 4FID の以下692 名IGNED RA BOLH |